

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS   | ID NO. | DATE     |
|---------------------------|------------|--------|----------|
| FEE DETERMINATION         |            |        |          |
| O.I.P.E. CLASSIFIER       |            |        |          |
| FORMALITY REVIEW          |            | 49     | 10/15/01 |
| RESPONSE FORMALITY REVIEW | CH<br>1127 | 1119   | 11-08-01 |
|                           |            |        | 01/24/02 |

### INDEX OF CLAIMS

✓ Rejected  
 = Allowed  
 - (Through numeral) Canceled  
 + Restricted  
 N Non-elected  
 I Interference  
 A Appeal  
 O Objected

BEST AVAILABLE COPY

| Claim | Final | Original | Date  |
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If more than 150 claims or 10 actions  
staple additional sheet here

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1-1402  
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